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## Editorial

Public health and health services research in integrative medicine:  
An emerging, essential focus<sup>☆</sup>**Why do we need public health and health services research in IM?**

The empirical investigation of integrative medicine (IM) and complementary medicine (CM) has grown exponentially over recent years. The focus of this increasing body of work incorporates many different perspectives and approaches but as yet the vast majority of research energy has been dedicated to examining clinical efficacy [1]. This is both understandable and deserving – there is a requirement for a strong clinical evidence base to ensure patient safety and effective practice across biomedical, complementary *and* integrative health care settings.

Nevertheless, there is a danger (for researchers, practitioners and ultimately patients) that the contemporary focus upon efficacy may have been and may continue to be generally at the expense of sufficiently considering and supporting other research perspectives and approaches that have the potential to address an expansive range of equally pertinent research questions and, alongside efficacy studies, help accommodate and encourage the successful translation of findings from fieldwork to practice.

For the want of a better conceptual interpretation, the broad areas of scholarship often referred to as ‘public health’ (PH) and/or ‘health services research’ (HSR) constitute (separately or in conjunction – we see them as two distinct but largely overlapping multi-disciplinary fields of scholarship) a broad church of research approach and activity that help categorise the vast majority of broader considerations needed by the CM research community. Here, PH and HSR are defined as scholarly scientific endeavours with the aim of examining the health and health care of individuals, families, communities and wider populations with reference to behaviours, decision-making, cost, access and communication amongst other related topics. PH also encompasses the variety of ways in which biomedicine, indigenous health care approaches, CM and IM can intersect and coalesce in order to promote health and wellness in populations.

Ultimately, PH/HSR help contextualise and thereby promote the translation of the clinical evidence base into patient care and policy. Translation and impact are dependent upon identifying and reflecting upon both the motivations behind current behaviours (practitioners and patients) and the cultural, economic and other contexts in which such behaviours take place. PH and HSR have the ability to ensure such investigations are critical and rigorous in design and execution.

Moreover, given the rising burden of chronic illness, ageing populations and the global ‘new age of austerity’ providing further squeeze upon health care budgets, it is not difficult to identify the potential of rigorous PH/HSR for governments and other policymakers on the international stage.

**Signposting the development and providing a broad vision: research literature and organisational initiatives in PH/HSR of IM**

It is certainly true that the last decade or so has witnessed the slow emergence of PH/HSR investigations focused upon IM and CM. In line with the definition above we can identify a growing body of knowledge that draws upon a range of methods and disciplinary perspectives including qualitative sociology/social science [2], geography [3] and health economics and cost-effectiveness analysis [4,5] and employs these to explore a range of pertinent substantive topics and research questions around IM/CM use and practice (in Australia as elsewhere) including cancer care [6], rural health [7], skin disease [8], and women’s health [9–11].

However, what has been a defining feature of this and related work until very recently has been its ad hoc coverage and intent – and while pockets of research activity and output are certainly better than no activity at all, such circumstances do not necessarily always lead to maximising all possible insights, applications and benefits. Indeed, there have been recent calls for the development of PH/HSR scholarship and research capacity building regarding IM [12,13] and in tune with such calls, we also identify the need for a coordinated and systematic approach to this significant sub-field – one that forwards a broad vision of critical,

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rigorous empirical investigation to help inform patients, patient care and policy.

Extending focus beyond peer reviewed literature, we can also identify a wide range of exciting recent developments that signal a coming of age for PH/HSR regarding IM. Alongside a pertinent focus of the forthcoming International Congress on Complementary Medicine Research (London, April 2013) upon long term conditions such as diabetes, cardiovascular disease and chronic pain, has been an increasing acknowledgement of the significance of IM/CM amongst members of the mainstream public health research community. The American Public Health Association (APHA) has long included an ‘Alternative and Complementary Health Practice’ Special Primary Interest Group and the Public Health Association of Australia (PHAA) has more recently followed suit establishing the ‘Evidence, Research and Practice in Complementary Medicine’ Special Interest Group. The Network of Researchers in the Public Health of Complementary and Alternative Medicine (NORPHCAM) have helped focus international attention upon this area and more recently, a world-first research centre – ARCCIM (Australian Research Centre in Complementary and Integrative Medicine) – has been established with the exclusive mission of conducting and promoting international critical, rigorous PH/HSR in IM/CM. These and other advances also feed directly and indirectly into the present journal special issue – the issue itself is co-edited by APHA and PHAA membership and more importantly sponsored by the PHAA, APHA alongside the Research Council for Complementary Medicine, UK and NORPHCAM. The call to arms for PH and HSR to engage with CM/IM as well as for IM/CM to embrace PH/HSR appears to be making steady progress.

### The collection

This special issue brings together a flavour of some of the international research currently undertaken as part of this expanding interest in PH/HSR questions relating to IM/CM. There is an international recognition of the timeliness as evidenced by the submissions *EJIM* has received from North America, Europe, and Australia. The manuscripts included here in this special issue similarly reflect international research activity and scholarship as well as a suite of perspectives and approaches.

Authors address a variety of topics related to models of integration. Kadetz (in this issue) discusses the World Health Organization’s approach and related challenges in China, Cuba, and the Philippines [14]. Particular stake-holders were questioned in order to assess their impressions concerning optimal clinical and organisational practice and patterns. It also provides a critical review of the literature and explores the meaning of health care integration and how it is being practised in different contexts. Singer and Adams (in this issue) carried out semi structured interviews with health service managers to identify their recommendations and key requirements for those wishing to design and maintain effective integrative health services [15]. Willis and Rayner (in this issue) interviewed physicians who practice integrative medicine and conceptualise this work

very differently from a biomedical approach [16]. Stake-holders including patients, clinicians and providers of IM/CM informed the work by Welch et al. (in this issue) and offered perspectives relevant to both clinical and organisational issues [17].

Health concerns of specific populations are also described by several authors. Midwives’ perspectives on IM/CM approaches for pregnant women are discussed by Hall et al. (in this issue) [18]. Of specific interest is the context of their professional work and how this affects their beliefs and knowledge, and how this is balanced with the demands and expectations of woman in the midwifery setting. Kirby et al. (in this issue) use survey data to assess the use of IM/CM by mid-age women with back pain and suggest that the longer pain persists the more likely the women were to consult CAM practitioners and that there were different perceived differences in approach between CAM and conventional biomedical practitioners [19]. Roles for providers of IM/CM in rural Canada are qualitatively assessed in Hollenberg et al.’s paper (in this issue) however inter-professional education appears to be a major barrier [20].

Other salient public health issues include use of polypharmacy by ageing populations and how CAM interventions could provide opportunities [21]. Defining public health ethics for IM/CM is highlighted as a result of work carried out by CAM-BRELLA, a EU funded project [22]. Spinks et al. (in this issue) address the topics of cost and inter-professional communication in the context of diabetes and cardiovascular care and that concurrent chronic conditions appear to be strong independent predictors and key motivators of CAM use. This is likely influenced or associated with lower quality of life [23].

We are pleased that in this special issue of the *EJIM* our goals of promoting international and multi-disciplinary dialogue and advancing the understanding of the intersections between public health and IM/CM have been addressed with such rich and diverse scholarship.

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